



A World Where Aging is Honored
CVCOA Helpline (802) 477-1364



Volunteer Application Instructions

Thank you for your interest in becoming a new volunteer with the Central Vermont Council on Aging (CVCOA)! We look forward to working with you to find the best opportunity to fit your needs, schedule, interests, and goals.

Please complete the following steps for your application. If you are unable to fill the application digitally or print this packet at home, we can send you a copy in the mail.

Step 1: Complete the Volunteer Application (page 2 of this packet).

Step 2: Complete the Background Check Authorization Form (page 3 of this packet). Please note that we only ask for the last 4 digits of your SSN.

Step 3: Complete the CVCOA/RSVP Signature Page (page 4 of this packet).

Step 4: Save or scan your completed documents and email them to volunteer@cvcoa.org or mail them to:

Central Vermont Council on Aging
Attn: Community Engagement
59 N. Main St., Ste. 200
Barre, VT 05641

Please note that it may take us up to two weeks to process your application. We will be in contact with you about any additional materials needed to complete your application. Once your application has been processed, we will send our handbook and the training materials that are relevant to your volunteer activity. Feel free to reach out at any point if you have questions about the application process or volunteer activity.

Thanks for your service!



**AmeriCorps
Seniors**

VOLUNTEER APPLICATION FORM



CONTACT INFORMATION/ABOUT YOU

Name: _____ Nickname: _____

Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Gender Identity: _____ Are you a Veteran: Yes No

VOLUNTEER INTERESTS Please check all that apply.

- | | | |
|-----------------------------------------------------|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Companionship/Respite | <input type="checkbox"/> Errands/Grocery Shopping | <input type="checkbox"/> Organizing (papers, etc.) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Yard Work/Minor Home Repair | <input type="checkbox"/> Computer Assistance |
| <input type="checkbox"/> Delivering Meals on Wheels | <input type="checkbox"/> Meal Prep/Mealsite Support | <input type="checkbox"/> General Office Work |
| <input type="checkbox"/> Wellness Classes | <input type="checkbox"/> Friendly Caller | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Creative Aging Activities | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other _____ |

AVAILABILITY

General Availability? _____

What length of service opportunities are you interested in?

- One day only Short-term Long-term No Preference

Seasonal resident? Yes No Do you own a car? Yes No

Towns you'd like to serve: _____

EXPERIENCE/INTEREST/BACKGROUND

Tell us about your previous volunteer experience: _____

Describe your interests, hobbies and skills: _____

Is there anything else you'd like to tell us? _____



Confidential Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Other FIRST names you have used, (i.e. nicknames, aliases): _____

Other LAST names you have used: (i.e. maiden names, aliases): _____

Current Address: _____
(Street) (City) (Zip/State)

Mailing Address if different:

Telephone Number: _____ Last 4 digits of Social Security #: _____

DOB: _____ Place of Birth: _____
(City, State and Country)

Driver's License #/State: _____ Expiration Date: _____

I attest that the information contained in this application is correct to the best of my knowledge.

I hereby authorize CVCOA and its designated agents and representatives to conduct a comprehensive review of my background causing a report to be generated for volunteer purposes.

I understand that the scope of the report may include, but is not limited to the following areas:

- Vermont Adult Abuse Registry
- Vermont Child Protection Registry
- Vermont Criminal Convictions Records
- Vermont Department of Motor Vehicles Records or last state of residence
- Office of Inspector General Exclusions Database
- National Sex Offender Public Website

CVCOA and its representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____

Date: _____



SIGNATURE PAGE

Volunteer: _____

BENEFICIARY for CVCOA/RSVP Supplemental Accident Insurance (someone other than yourself)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

AGREEMENTS AND AUTHORIZATIONS – Initial to left and sign below

AUTO INSURANCE AGREEMENT

____ I understand that if I use my personal automobile driving to or on assignment with CVCOA/RSVP of Central Vermont and the Northeast Kingdom, I will keep in effect my own automobile insurance equal to the minimum amount required by the State of Vermont (\$50,000 bodily injury; \$50,000 property damage.)

____ I agree to keep my driver’s license current and to notify CVCOA/RSVP with any loss of coverage or licensure.

CONFIDENTIALITY AGREEMENT

It is important that CVCOA/RSVP volunteers respect the privacy of the stations they serve and the clients they work with. While serving, volunteers often learn a great deal of information that should not be shared with others. This includes, but is not limited to: anything about the client’s health or living situation; names and other identifying information about individuals; financial details of an organization or individual; or client’s attitudes, background or personal information.

____ I recognize my position as a CVCOA/RSVP volunteer requires considerable responsibility and trust. I understand that I may be entrusted with sensitive, confidential, restricted and proprietary information in the course of my volunteer work.

____ I agree not to use or disclose any confidential information which is disclosed to me as a result of my serving as a CVCOA/RSVP volunteer except as is required to perform my duties. An exception to this occurs when I believe that an individual’s life may be in danger. In this case, I would report to my RSVP/CVCOA or station supervisor. In case of an emergency, I would contact 9-1-1.

VOLUNTEER AGREEMENT

____ I understand I am a volunteer; I am not an employee of Central Vermont Council on Aging (CVCOA)/RSVP or the volunteer station to which I have been assigned. I have been informed of the benefits and policies of CVCOA/RSVP of Central Vermont and the Northeast Kingdom.

____ I agree that CVCOA/RSVP may use photos of me taken while serving as a volunteer in various media for outreach or educational purposes.

____ I understand that it is my responsibility as a CVCOA/RSVP volunteer to notify staff at the Central Vermont Council on Aging/RSVP in case of difficulties, emergencies, or other challenges related to volunteer assignment.

VOLUNTEER SIGNATURE

DATE

CVCOA/RSVP STAFF SIGNATURE

DATE

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____